

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**  
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/563218

FILING DATE

10 AUG 2006

APPLICANT(S)

**CLAIMS**

	AS FILED		AFTER 1 <sup>st</sup> AMENDMENT		AFTER 2 <sup>nd</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/		/			
2		/		/		
3		2		/		
4		2		/		
5		2		/		
6		2		/		
7		2		/		
8		2		/		
9		2		/		
10		2		/		
11		2		/		
12		2		/		
13		2		/		
14		2		/		
15		2		/		
16	/		/			
17	/		/			
18	/		/			
19		2		/		
20		2		/		
21		2		/		
22		2		/		
23		2		/		
24		2		/		
25		2		/		
26		2		/		
27		2		/		
28		2		/		
29		2		/		
30		2		/		
31		2		/		
32		2		/		
33		2		/		
34		2		/		
35		2		/		
36		2		/		
37						
38						
39						
40						
41						
42						
43						
44						
45						
46						
47						
48						
49						
50						
TOTAL IND.	4	↓	4	↓		↓
TOTAL DEP.	42	←	32	←		←
TOTAL CLAIMS	46		36			

	AS FILED		AFTER 1 <sup>st</sup> AMENDMENT		AFTER 2 <sup>nd</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51						
52						
53						
54						
55						
56						
57						
58						
59						
60						
61						
62						
63						
64						
65						
66						
67						
68						
69						
70						
71						
72						
73						
74						
75						
76						
77						
78						
79						
80						
81						
82						
83						
84						
85						
86						
87						
88						
89						
90						
91						
92						
93						
94						
95						
96						
97						
98						
99						
100						
TOTAL IND.		↓		↓		↓
TOTAL DEP.		←		←		←
TOTAL CLAIMS						